# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

**Effective: 09/01/06** **Protocol: P-046**
**Supersedes: 02/01/05**

# PEDIATRIC RESPIRATORY DISTRESS

**SUBJECTIVE FINDINGS**

Foreign body aspiration, fever, drooling, sore throat, sputum production, onset, duration, medications, asthma, exposures (allergens, toxins, smoke), trauma (blunt/penetrating).

**OBJECTIVE FINDINGS**

- Stridor
- Grunting
- Nasal flaring
- Bradycardia
- Cyanosis-central
- Absent breath sounds
- Pulse oximetry
- Intercostal, subcostal, supraclavicular retractions
- Apnea or bradypnea
- Choking
- Tachypnea/bradycardia
- Drooling with history of fever, sore throat
- Deteriorating level of consciousness
- Abdominal breathing

## BLS Treatment

- ABC's, ensure a patent airway, routine medical care.
- Position of comfort.
- Oxygen by blow-by if mild distress.
- High flow oxygen by mask, consider BVM early for altered LOC or respiratory distress.

Relieve obstruction:

- If airway cannot be established, consider foreign body obstruction.
- Tongue/jaw lift and visualize; if see object, finger sweep to remove.
- Attempt ventilation.
- If no chest rise, reposition, attempt ventilation.
- CHILD: up to 5 abdominal thrusts.
- INFANT: 5 back blows followed by 5 chest thrusts.
- REPEAT above steps until obstruction relieved.

## ALS Treatment

Lower Airway (Wheezing):

- **Albuterol** 2.5 mg/3 ml NS in a nebulizer
  Pt. < 5 kg = 1 ml*
  Pt. 5kg - 20 kg = 2 ml*
  Pt. > 20 kg = 3 ml

*Add 1-2 ml NS to a total volume of 3 ml.
May be given continuously if severe distress.

- If tidal volume is decreased, administer undiluted **Albuterol** continuously. May be administered via inline BVM.
- Severe distress **Epinephrine** (1:1000) 0.01 mg/kg SQ (repeat x 1 in 5 min, max dose 0.3 mg).

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Relieve Obstruction:

- If BLS measures fail, then proceed to Magill Forceps and Direct Laryngoscopy (Consider etiology).

Suspected Upper airway obstruction:

- Position of comfort.
- Avoid invasive procedures or agitation.

Full Occlusion:

- Manage Airway according to the Airway Management Protocol (P-004).
- Ensure airway positioning, seal on BVM mask, ventilate, reassess.
- Perform Needle Cricothyroidotomy as the airway of LAST RESORT.

## DOCUMENTATION

If obstruction suspected, BLS/ALS maneuvers to relieve obstruction.
If wheezing noted, **Albuterol** or **Epinephrine** given.

## PRECAUTIONS AND COMMENTS

- Upper airway obstruction can be a true life threatening condition. It is important to remember that it is often difficult to distinguish severe bacterial infections (e.g. tracheitis, abscess, diphtheria) from other conditions such a croup, etc**. The hallmark of upper airway obstruction is inspiratory stridor.** In suspected severed bacterial infections, do not manipulate the airway for examination. Provide position of comfort, and blow-by oxygen as tolerated. Transport quickly.